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**JUL 21 2005**

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28120 7590 04/21/2005

**FISH & NEAVE IP GROUP**  
**ROPE & GRAY LLP**  
**ONE INTERNATIONAL PLACE**  
**BOSTON, MA 02110-2624**  
07/22/2005 RMEBRAH1 00000102 181945 09711724

01 FC:1501 1400.00 DA  
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Ginny Blundell		(Depositor's name)
<i>lg Blundell</i>		(Signature)
July 19, 2005		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09711724	11/13/2000	Clifford Tabin	HMSU-P14-006	7675

TITLE OF INVENTION: SCREENING ASSAYS FOR AGONISTS AND ~~ANTAGONIST~~ OF THE HEDGEHOG SIGNALING PATHWAY

*Antagonists*

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	07/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOWARD, ZACHARY C	1646	435-007100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Fish & Neave IP Group 1 of Ropes & Gray LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2	
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

President and Fellows of Harvard College, Cambridge, Massachusetts and  
Imperial Cancer Research Technology Ltd., London, United Kingdom WC2A3NL

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

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 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-1945 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*M. S. Rones*

Date 7/19/05

Typed or printed name

Melissa S. Rones

Registration No. 54,408

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